## HOURLY CHILD CARE CENTER POTENTIAL QUESTIONS

| 1 | #  | R430-60-  | KEY WORDS  | NOTES                            |  |  |
|---|--|-----------|--|----------------------------------|--|--|
|   | PARENT AREA - POTENTIAL QUESTION THAT MAY BE ASKED OF STAFF  |           |  |                                  |  |  |
|   | 10   | 11(1)     | What do you do when someone you don't know wants to pick up a child?   |                                  |  |  |
|   | INFANT AREA - POTENTIAL QUESTIONS THAT MAY BE ASKED OF STAFF |           |  |                                  |  |  |
|   | 7  | 13(10)(c) | How often do you clean and disinfect toys?   |                                  |  |  |
|   | 7  | 15(10)    | How do you feed infants who are not yet able to sit up and hold a bottle?  |                                  |  |  |
|   | 5  | 15(5)     | How often do you wash, rinse and sanitize high chair trays?  |                                  |  |  |
|   | 3  | 15(9)     | How long do you keep infant formula and breast milk after a feeding or initiating a feeding?   |                                  |  |  |
|   | CI   | HILDREN'S | INDOOR AREA - POTENTIAL QUES   | TIONS THAT MAY BE ASKED OF STAFF |  |  |
|   | 10   | 9(2)      | How many children under the age of 2 may be cared for when there are only 2 care givers?   |                                  |  |  |
|   | 10   | 9(3)      | If you are the only care giver and there are no children under 2 in care, can you exceed the 1:12 ratio? If yes, by how many and for how long? |                                  |  |  |
|   | 7  | 9(5)      | When do you have children under 2 years of age in a separate area?   |                                  |  |  |
|   | 5  | 9(6)      | When do you count staff children in ratios?  |                                  |  |  |
|   |  | SLEE      | P AREA - POTENTIAL QUESTION T  | HAT MAY BE ASKED OF STAFF        |  |  |
|   | 7  | 13(16)    | How often do you clean and sanitize mats and sleeping equipment?   |                                  |  |  |
|   |  | BATH      | ROOM - POTENTIAL QUESTIONS T   | HAT MAY BE ASKED OF STAFF        |  |  |
|   | 7  | 13(4)     | How often do you clean and disinfect the toilets?  |                                  |  |  |
|   | 7  | 13(7)     | When and how do you wash your hands and the hands of the children?   |                                  |  |  |

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| FI | FIRST AID AND BODILY FLUIDS CLEAN-UP KIT - POTENTIAL QUESTION THAT MAY BE ASKED OF STAFF |          |  |                            |
|    | 7  | 13(9)    | When and how do you use the first aid kit? the bodily fluids clean-up kit?   |                            |
|    |  | FOOL     | AREA - POTENTIAL QUESTIONS T   | HAT MAY BE ASKED OF STAFF  |
|    | 7  | 15(7)    | Are any children on special diets, formula, breast milk or food supplements? How do you obtain parental permission to for these? |                            |
|    | 5  | 15(5)    | On what do you serve children's food?  |                            |
|    | 5  | 15(6)    | Do you serve meals and snacks?<br>How often?   |                            |
|    | 3  | 15(3)(a) | Do parents ever bring in food for all of the children? Is it home-made or store bought?  |                            |
|    |  | ANI      | MALS - POTENTIAL QUESTIONS TH  | AT MAY BE ASKED OF STAFF   |
|    | 7  | 14(2)    | Who is responsible for the cleaning of animals and cages?  |                            |
|    | 7  | 14(4)    | How do children interact with reptiles?  |                            |
|    |  | MEDIC    | CATION - POTENTIAL QUESTIONS T   | THAT MAY BE ASKED OF STAFF |
|    | 10   | 10(5)    | What would you do if a child has an adverse reaction to a medication or an error is made in the administration of a medication?  |                            |
|    | 7  | 10(1)    | Are you responsible for giving medications?  |                            |
|    | 7  | 10(2)    | If you give medications, what training have you had in the administration of medications?  |                            |

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|-----|------|-------------|--|---------------------------------------|
| TRA | ININ | NG - POTENT | TIAL QUESTIONS THAT MAY BE ASS<br>IS NEEDEL  | KED OF STAFF IS FURTHER CLARIFICATION |
|     | 10   | 430-6-5(3)  | Did you complete a BCI form when hired?  |                                       |
|     | 10   | 6(3)        | Any staff alone in center: Do you have current First Aid and CPR?                          |                                       |
|     | 7    | 6(1)        | Did you complete orientation training before being alone with the children which included: |                                       |
|     | 7    | 6(1)(a)     | -health and safety procedures and handling emergencies and accidents?                      |                                       |
|     | 7    | 6(1)(b)     | -job responsibilities?   |                                       |
|     | 7    | 6(1)(c)     | -discipline?   |                                       |
|     | 7    | 6(1)(d)     | -reporting abuse?  |                                       |
|     | 7    | 6(1)(e)     | -releasing children?   |                                       |
|     | 7    | 6(4)        | Have you received 10 hours of annual training which included:                              |                                       |
|     | 7    | 6(4)(a)     | -accident prevention and safety?   |                                       |
|     | 7    | 6(4)(b)     | -positive guidance?  |                                       |
|     | 7    | 6(4)(c)     | -child development?  |                                       |
|     | 7    | 6(4)(d)     | -age appropriate activities?   |                                       |
|     | 7    | 6(5)        | If you care for infants or toddlers, did your annual training include:                     |                                       |
|     | 7    | 6(5)(a)     | -preventing Shaken Baby?   |                                       |
|     | 7    | 6(5)(b)     | -coping with crying babies?  |                                       |
|     | 7    | 6(5)(c)     | -preventing SIDS?  |                                       |
|     | 7    | 9(4)        | Is there an on-call staff person who can arrive within 20 minute of being called?          |                                       |
|     | 5    | 15(4)       | If you prepare or serve meals or snacks, do you have a current Food Handler's permit?      |                                       |
|     | 3    | 6(7)        | Have you been employed more than 2 weeks? Have you received a TB screening?                |                                       |

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|   | POTENTIAL QUESTIONS THAT MAY BE ASKED OF DIRECTOR |          |   |       |
|   | 10  | 8(2)(3)  | What is the center's discipline policy?   |       |
|   | 10  | 13(18)   | What is the policy concerning firearms or other weapons in the center?  |       |
|   | 7   | 13(12)   | What is your procedure for the prevention of insects, rodents, and other vermin?  |       |
|   | 7   | 11(4)    | How long can a child cry before a parent is contacted?  |       |
|   | 7   | 13(2)    | What is the policy concerning smoking and the use of tobacco?   |       |
|   | 5   | 14(3)    | How do you inform parents of animals at the facility?   |       |
|   | 5   | 13(1)(b) | How would you keep Licensing informed if the center's phone number changes?   |       |
|   | 5   | 5(2)     | How do you meet the qualifications to be the center's director?   |       |
|   | 5   | 6(2)     | What are your minimum care giver qualifications?  |       |
|   | 5   | 11(3)    | What is your procedure for informing Licensing if a child needs emergency medical treatment? if there is fatality? if there is a hospitalization? |       |
|   | 5   | 13(6)    | What is your practice if a child's clothing becomes soiled with fecal material or urine?  |       |
|   | 1   | 8(1)     | Do you have rules of conduct for children, parents and staff?   |       |